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DATE:

TO: *Tamira Cohen*

Environmental Engineer, Sr.
Department of Environmental Quality
Piedmont Regional Office
4949-A Cox Road
Glen Allen, VA 23060
Tel: (804) 527-5012
Fax: (804) 527-5106

RE: Rhapsody Industrial Park/Purgo

Pages W/ Cover: p2 of 21 and 1-9 of 16

11 total

FACILITY NAME AND PERMIT NUMBER: VA0068314

Form Approved 1/14/99
OMB Number 2040-0086

Rhapsody Industrial Park/Punga

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.4 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Rhapsody Industrial Park/Punga

Mailing Address 126 South Lynnhaven Road
Virginia Beach, Va 23452

Contact person STEVE JONES

Title PRESIDENT

Telephone number (757) 498 4548

Facility Address _____

(not P.O. Box) _____

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name _____

Mailing Address _____

Contact person _____

Title _____

Telephone number _____

Is the applicant the owner or operator (or both) of the treatment works?

_____ owner _____ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility _____ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES _____ PSD _____

UIC _____ Other _____

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Rhapsody Ind.</u>	<u>40</u>	<u>SEPARATE</u>	<u>PRIVATE</u>
<u>Punga</u>	<u>10</u>	<u>SEPARATE</u>	<u>PRIVATE</u>
Total population served _____			

FACILITY NAME: Whispering Inn. Park / Ponga VPDES PERMIT NUMBER: VA0006 8314
VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ☒ Yes ☐ No was in decanted to holding tank
and removed by a pump truck
Will this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? ☐ Yes ☒ No

Will sewage sludge from this facility be applied to the land? ☐ Yes ☒ No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
☐ Yes ☒ No

b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ☐ Yes ☒ No

c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ☐ Yes ☒ No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If Yes, complete Section D (Surface Disposal).

FACILITY NAME: Rhapsody Ind. Park / P-430 VPDES PERMIT NUMBER: VA 0068314
SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.

- a. Facility name: Rhapsody Industrial Park / P-430
b. Contact person: STEVE JONES
Title: PRESIDENT
Phone: (757) 498-4448
c. Mailing address:
Street or P.O. Box: 126 SOUTH LYNNHURST RD.
City or Town: VIAGLIA BEACH State: VA Zip: 23452
d. Facility location:
Street or Route #: _____
County: _____
City or Town: _____ State: _____ Zip: _____
e. Is this facility a Class I sludge management facility? ☐ Yes ☒ No
f. Facility design flow rate: _____ mgd
g. Total population served: 50
h. Indicate the type of facility:
☐ Publicly owned treatment works (POTW)
☐ Privately owned treatment works
☐ Federally owned treatment works
☐ Blending or treatment operation
☐ Surface disposal site
☐ Other (describe): _____

2. Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name: MICHAEL L. COOK TETRAOPS INC
b. Mailing address:
Street or P.O. Box: #0 BOX 13
City or Town: DOZMAN State: VA Zip: 23047
c. Contact person: BOB 594 2088 or 804 387 6362 M. COOK
Title: none
Phone: (804) 387 6362 or 804 994 2088
d. Is the applicant the owner or operator (or both) of this facility?
☐ owner ☒ operator
e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
☐ facility ☒ applicant

3. Permit Information.

- a. Facility's VPDES permit number (if applicable): VA 0068314
b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
Permit Number: 4095720 Type of Permit: PWS - water system

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ☐ Yes ☒ No If yes, describe:

FACILITY NAME: Rhapsody Ins. Park Purge VPDES PERMIT NUMBER: VA 0048314

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.
7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ☒ Yes ☐ No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name: Michael L. Cook / Tetraops LLC
Mailing address:
Street or P.O. Box: P.O. Box 13
City or Town: Doswell State: VA Zip: 23047
Phone: (804) 994 2028
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:
54 1898707
If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s). Contract and arrange removal of W.A.S. by septic hauler
8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

☐ Section A (General Information)
☐ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
☐ Section C (Land Application of Bulk Sewage Sludge)
☐ Section D (Surface Disposal)

FACILITY NAME: Dymally Ind. Park/Puho VPDES PERMIT NUMBER: V40068314

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Michael L. CookSignature  Date Signed 3/20/10Telephone number 804 387 6362 or 804 984 2088

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

FACILITY NAME: Rhapsody Inn Park / Purgo VPDES PERMIT NUMBER: VA0068314
**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION
 OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
 Total dry metric tons per 365-day period generated at your facility: _____ dry metric tons
2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
 - a. Facility name: Rhapsody Inn/Park / Purgo
 - b. Contact Person: Steve Jones
 Title: President
 Phone (757) 448 4449
 - c. Mailing address:
 Street or P.O. Box: 136 South Lynnhaven Rd
 City or Town: Virginia Beach State: VA Zip: 23452
 - d. Facility Address: 17324 Washington Highway
 (not P.O. Box) Paswell VA 23047
 - e. Total dry metric tons per 365-day period received from this facility: 0 dry metric tons
 - f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogen or vector attraction characteristics:
UNKNOWN

W.A.S. is decanted into a holding tank. The liquid is removed by a septic hauler.

3. Treatment Provided at Your Facility.
 - a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
 ___ Class A ___ Class B ☒ Neither or unknown
 - b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: none. The sewage is decanted into a sludge holding tank. The liquid is removed by a hauler.
 - c. Which vector attraction reduction option is met for the sewage sludge at your facility?
 ___ Option 1 (Minimum 38 percent reduction in volatile solids)
 ___ Option 2 (Anaerobic process, with bench-scale demonstration)
 ___ Option 3 (Aerobic process, with bench-scale demonstration)
 ___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
 ___ Option 5 (Aerobic processes plus raised temperature)
 ___ Option 6 (Raise pH to 12 and retain at 11.5)
 ___ Option 7 (75 percent solids with no unstabilized solids)
 ___ Option 8 (90 percent solids with unstabilized solids)
 ___ None or unknown
 - d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: NONE
 - e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: NONE

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).

(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)

- a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:
NONE dry metric tons
- b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away? NO

FACILITY NAME: Rhapsody Inn, Park / Purgo VPDES PERMIT NUMBER: VA 0068311
☐ Yes ☒ No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

- Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: _____ dry metric tons
- Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending. NA

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

- Receiving facility name: _____
- Facility contact: _____
 Title: _____
 Phone: () _____
- Mailing address:
 Street or P.O. Box: _____
 City or Town: _____ State: _____ Zip: _____
- Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: _____ dry metric tons
- List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:
 Permit Number: _____ Type of Permit: _____

- Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? ☐ Yes ☐ No
 Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
☐ Class A ☐ Class B ☐ Neither or unknown
 Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: _____

- Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? ☐ Yes ☐ No
 Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
☐ Option 1 (Minimum 38 percent reduction in volatile solids)
☐ Option 2 (Anaerobic process, with bench-scale demonstration)
☐ Option 3 (Aerobic process, with bench-scale demonstration)
☐ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
☐ Option 5 (Aerobic processes plus raised temperature)
☐ Option 6 (Raise pH to 12 and retain at 11.5)
☐ Option 7 (75 percent solids with no unstabilized solids)
☐ Option 8 (90 percent solids with unstabilized solids)
☐ None unknown
 Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: _____

- Does the receiving facility provide any additional treatment or blending not identified in f or g above?
☐ Yes ☐ No
 If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

- If you answered yes to f, g or h above, attach a copy of any information you provide to the receiving facility

FACILITY NAME: DRAPSEDA INA PARK PUGO VPDES PERMIT NUMBER: VA 004 8314
to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

NA

- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? Yes No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.
- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? Yes No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. _____

7. Land Application of Bulk Sewage Sludge. NA

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: _____ dry metric tons
- b. Do you identify all land application sites in Section C of this application? Yes No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
- c. Are any land application sites located in States other than Virginia? Yes No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal. NA

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons
- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
Yes No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
- c. Site name or number: _____
- d. Contact person: _____
Title: _____
Phone: () _____
Contact is: Site Owner Site operator
- e. Mailing address.
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons
- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:
Permit Number: _____ Type of Permit: _____

9. Incineration. NA

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

FACILITY NAME: WATERBURY LANDFILL VPDES PERMIT NUMBER: VA 0062314

- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons
- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
 ___ Yes ___ No
 If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
- c. Incinerator name or number: _____
- d. Contact person: _____
 Title: _____
 Phone: () _____
 Contact is: ___ Incinerator Owner ___ Incinerator Operator
- e. Mailing address.
 Street or P.O. Box: _____
 City or Town: _____ State: _____ Zip: _____
- f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons
- g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:
 Permit Number: _____ Type of Permit: _____

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

- a. Landfill name: _____
- b. Contact person: _____
 Title: _____
 Phone: () _____
 Contact is: ___ Landfill Owner ___ Landfill Operator
- c. Mailing address.
 Street or P.O. Box: _____
 City or Town: _____ State: _____ Zip: _____
- d. Landfill location.
 Street or Route #: _____
 County: _____
 City or Town: _____ State: _____ Zip: _____
- e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: _____ dry metric tons
- f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:
 Permit Number: _____ Type of Permit: _____

- g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
 ___ Yes ___ No
- h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? ___ Yes ___ No
- i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? ___ Yes ___ No
 Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. _____

FACILITY NAME: PHASE 224 INDUSTRIAL PARK TUGO VPDES PERMIT NUMBER: 160062314

SECTION C. LAND APPLICATION OF BULK SEWAGE SLUDGE

Complete this section for sewage sludge that is land applied unless any of the following conditions apply: NA

The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements and one of the vector attraction reduction options 1-8 (fill out B.4 instead) (EQ Sludge); or

The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 instead); or

You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).

Complete Section C for every site on which the sewage sludge that you reported in B.7 is land applied.

1. Identification of Land Application Site.

a. Site name or number: _____

NA

b. Site location (Complete i and ii)

i. Street or Route#: _____

County: _____

City or Town: _____ State: _____ Zip: _____

ii. Latitude: _____ Longitude: _____

Method of latitude/longitude determination

_____ USGS map _____ Filed survey _____ Other

c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

2. Owner Information.

a. Are you the owner of this land application site? ☐ Yes ☐ NoNA

b. If no, provide the following information about the owner:

Name: _____

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

Phone: () _____

3. Applier Information:

a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? ☐ Yes ☐ No

b. If no, provide the following information for the person who applies the sewage sludge:

Name: _____

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

Phone: () _____

c. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the person who applies sewage sludge to this land application site:

Permit Number: _____ Type of Permit: _____

4. Site Type. Identify the type of land application site from among the following:

☐ Agricultural land ☐ Reclamation site ☐ ForestNA☐ Public contact site ☐ Other. Describe _____

5. Vector Attraction Reduction.

Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?

NA☐ Yes ☐ No If yes, answer a and b.

a. Indicate which vector attraction reduction option is met:

☐ Option 9 (Injection below land surface)☐ Option 10 (Incorporation into soil within 6 hours)

b. Describe, on this form or on another sheet of paper, any treatment processes used at the land application site to reduce the vector attraction properties of sewage sludge:
